

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information			
URN: 5 0 9 - 0 7 5 2 7 - 2 1 1 0 - 0 5 8		Date: 4/15/09	Time: 0300
Location:	11705 S. Alameda St.		City or Station: Lynwood (CRDF)
Bureau/Station/Facility:	Field Operations II/Compton Station		Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Type of Force:	Personal Weapon (fists, take down) Significant Use of Force		
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> Call	<input checked="" type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: Lt. Slawson	Emp: [REDACTED] IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Involved Employee			
E 1	Employee # [REDACTED]	Last Name Woodard	First Name Theodore Middle Name
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: B	Unit of Assignment: Compton Station	Work Assignment (Unit #, Module, etc.): 286B
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'05" Weight: 152
<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: REFUSED TREATMENT			Coroner Case # Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

Involved Employee			
E 2	Employee # [REDACTED]	Last Name Solano	First Name Edgar Middle Name
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Compton Station	Work Assignment (Unit #, Module, etc.): 286B
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5'06" Weight: 190
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case # Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

Involved Employee			
E	Employee # [REDACTED]	Last Name [REDACTED]	First Name [REDACTED] Middle Name [REDACTED]
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: [REDACTED]	Unit of Assignment: [REDACTED]	Work Assignment (Unit #, Module, etc.): [REDACTED]
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: [REDACTED] Weight: [REDACTED]
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:			Coroner Case # Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

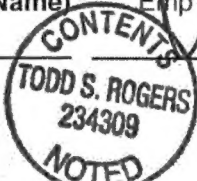
☐ Additional Involved Employees

On Duty Supervisor						
Emp. # [REDACTED]	Last Name Iketani	First Name Douglas	Middle Name M	Rank SGT	Present YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Witness to Incident YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. # [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]	Middle Name [REDACTED]	Rank [REDACTED]	Present YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant			
Emp. # [REDACTED]	Last Name Carrasco	First Name Jess	Middle Name [REDACTED]
Watch Commander			
Emp. # [REDACTED]	Last Name Howard	First Name Dorothy	Middle Name [REDACTED]

Dorothy Howard, Lieutenant		[Signature] 4/21/09	
Watch Commander (Print Name)		Watch Commander's Signature: [REDACTED] Emp. # [REDACTED] Date 4/21/09	
Douglas Iketani, Sergeant		Douglas Iketani, Sergeant	
Supervisor Completing Form: (Print Name)		Emp. # [REDACTED] Copy Provided to Employee by: [REDACTED] Emp. # [REDACTED] Date 4/29/09	
William M. Ryan, Captain		Unit Commander's Signature: [REDACTED] Emp. # [REDACTED] Date 4/29/09	
Unit Commander (Print Name)		[REDACTED]	

DISCOVERY Use Only
FO# 2242740



Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information											
Last Name			Porter		First Name			Daryel		Middle Name	
AKA Last Name					First Name					Middle Name	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B	Street Address:				City:		State & Zip Code:		
Work Phone:		Home Phone:		Age: 47	Height: 5'09"	D.O.B. 03/13/63		Weight: 160	Armed? <input type="checkbox"/>		
Booking #: 1874845			Primary Charge Code: 243(e)1 P.C.			Secondary Charge Code: 69 P.C.			Criminal History		
EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Name:			Unit:		Phone #:			
Hospital Admission? <input checked="" type="checkbox"/>			Rec'd Treatment At: LCMC			Coroner Case #:			Mental History		
By Doctor: Dr. Lorentz			Address: 1000 W. Carson St. Torrance, Ca. 90502					Phone #: 310-222-2345			
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Substance: UNK					Mental Illness <input checked="" type="checkbox"/>			

S

Suspect Information											
Last Name					First Name					Middle Name	
AKA Last Name					First Name					Middle Name	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:				City:		State & Zip Code:		
Work Phone:		Home Phone:		Age:	Height:	D.O.B.		Weight:	Armed? <input type="checkbox"/>		
Booking #:			Primary Charge Code:			Secondary Charge Code:			Criminal History <input type="checkbox"/>		
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Name:			Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>			Rec'd Treatment At:			Coroner Case #:			Mental History <input type="checkbox"/>		
By Doctor:			Address:					Phone #:			
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO			Substance:					Mental Illness: <input type="checkbox"/>			

S

Suspect Information											
Last Name					First Name					Middle Name	
AKA Last Name					First Name					Middle Name	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:				City:		State & Zip Code:		
Work Phone:		Home Phone:		Age:	Height:	D.O.B.		Weight:	Armed? <input type="checkbox"/>		
Booking #:			Primary Charge Code:			Secondary Charge Code:			Criminal History <input type="checkbox"/>		
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Name:			Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/>			Rec'd Treatment At:			Coroner Case #:			Mental History <input type="checkbox"/>		
By Doctor:			Address:					Phone #:			
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO			Substance:					Mental Illness <input type="checkbox"/>			

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

5 0 9 - 0 7 5 2 7 - 2 1 1 0 - 0 5 8

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address	City	Zip Code	Work Ph.	Home Ph.

☐ Additional Witness

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

Supervisor's Report on Use of Force
509-07527-2110-058

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Force Applied

PERSONAL WEAPON: FISTS / TEAM TAKE DOWN / RESISTED HANDCUFFING / SIGNIFICANT FORCE

Incident Details

Deputy Woodard and Solano contacted and arrested Suspect Porter for a \$30,000 spousal battery warrant. During the booking process at Century Regional Detention Facility (CRDF), suspect Porter became uncooperative and refused to comply with orders given to him by the deputies. Suspect Porter was escorted to holding cell #4 and instructed to remove his jewelry and shoe laces. Suspect Porter stood in the doorway and became verbally abusive toward the deputies. Suspect Porter took a combative stance and threatened to fight with deputies. The deputies were unable to safely retreat from the cell due to Suspect Porter standing in the doorway. Suspect Porter attempted to strike Deputy Woodard with his right hand. Deputy Woodard was able to block this attack and push the suspect toward the rear of the cell. Suspect Porter continued his assault on Deputy Woodard by striking Deputy Woodard on the groin with his right knee. Deputies Woodard and Solano performed a take down on Suspect Porter resulting in Suspect Porter hitting his face on the metal bench of the holding cell. Suspect Porter continued to be assaultive and continued his attack on both deputies. Suspect Porter struck Deputy Solano on the nose with one of his elbows temporarily incapacitating him. Deputy Solano defended himself by punching Suspect Porter several times on the body and face. Deputies Solano and Woodard repeatedly ordered Suspect Porter to stop resisting, but he would not comply. Deputies Woodard and Solano forced Suspect Porter's hands behind his back and handcuffed him.

Reported Use of Force by Involved Employee(s)

Deputy Woodard completed a written report of his observations and actions, which was consistent with the verbal notification of the use of force he reported to me.

Deputy Solano completed a written report of his observations and actions, which was consistent with his verbal notification of the use of force he reported to me.

Witness Interview(s)

There were no witnesses to this incident.

Suspect Interview(s)

Suspect Interview(s) Conducted By: ☒ Watch Commander ☒ Supervising Sergeant

SUSPECT PORTER'S STATEMENT

I interviewed S/ Porter with the video camera in the CRDF booking area. Watch Commander Lt. Howard was also present during my questioning of S/ Porter. S/ Porter was sitting on the bench inside of holding cell #4 and was handcuffed. I asked S/ Porter what happened. He said he did not know what happened and denied getting into a fight with the deputies. He said he was diagnosed 5150 WIC approximately three years ago and was prescribed medication for an unknown condition. He said he has not taken his psychiatric medication in a long time. He stated he did not use any drugs or drink any alcoholic beverages today. A few minutes later he admitted to drinking an unknown quantity of an unknown alcoholic beverage. S/ Porter appeared to remorseful after being told he was involved in a fight with deputies. S/ Porter apologized to the deputies for forcing them to fight with him.

S/ Porter complained of pain to his face and difficulty breathing due to injuries sustained to his nose.

Medical Review

S/ Porter was evaluated at CRDF by Los Angeles County Fire Department Paramedics. Due to S/ Porter's medical condition he was transported via radio car to Los Angeles County Medical Center for further evaluation and treatment. He was treated by Dr. Badri. Dr. Badri stated the injuries sustained by S/ Porter are consistent with a person who was struck on the face with personal weapons during a physical altercation or by a person who fell face first onto a hard object (bench). Dr. Badri stated S/ Porter sustained a fracture to his right orbital, nose fractures to both sides of the nose and bleeding in the head. He was unable to state further due to concerns regarding patient / doctor confidentiality.

Training & Tactical Review

Debriefing held to discuss training and tactical issues.

At the debriefing, I commended the deputies for being aware of the debilitating effects of cross contamination of OC spray in a confined area and recognizing S/ Porter's compliance was rapidly deteriorating. Personnel were reminded of the unpredictability of persons who may be mentally unstable and the propensity toward violence when confronted. As we have often seen when dealing with a mentally ill person, their demeanor can change very quickly. Possible improvements I offered was to have a "TASER" ready for deployment, requesting custody personnel stand by as backup and using a palm strike when hitting a suspect on the head or other hard portions of their body to avoid injuries to the hands. There appears to be no major training issues involved in this incident. It is my recommendation that no further investigation into this incident is required.

Watch Commander's Review**CONCLUSION/RECOMMENDATION**

Based upon the above report of this incident and the information gathered, the force used by Deputies Woodard and Solano was objectively reasonable to prevent any escalation of S/ Porter's assaultive / high risk behavior. The deputies' actions were consistent with Departmental policy, procedures and training guidelines. I found the force used was properly reported, documented and within Department policy. I recommend that no further investigation into this incident is required.

Case Status

The facts of this case were submitted to the District Attorney's Office at Compton Court for filing considerations.